

12-27-04

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PTO/SB/21 (09-04)

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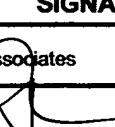
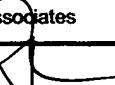
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(to be used for all correspondence after initial filing)

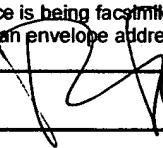
Total Number of Pages in This Submission

Application Number	10/601,964
Filing Date	06/23/2003
First Named Inventor	FEHER, Steve
Art Unit	3665
Examiner Name	Unknown
Attorney Docket Number	04-15048

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		
		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Lauson & Associates	
Signature		
Printed name	Robert J. Lauson, Esq.	
Date	December 21, 2004	Reg. No. 41930

## CERTIFICATE OF TRANSMISSION/MAILING

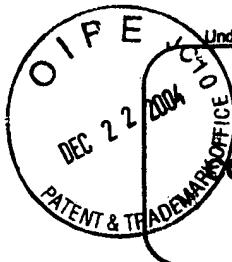
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Signature			
Typed or printed name	Robert J. Lauson, Esq.	Date	12/21/2004

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	10/601,964
Filing Date	06/23/2003
First Named Inventor	Feher
Title	Air Conditioned Helmet
Art Unit	3665
Examiner Name	Unknown
Attorney Docket Number	04-15048

I hereby appoint:

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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record (if assignee, put name, title and company name in the "Name" space below)

Name	Steve Feher		
Signature			
Date	July 2 / 2004	Telephone	(808) 395-8742

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

\*Total of \_\_\_\_\_ forms are submitted.

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